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5/24/05

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8/14/05

Attorney

41.733

Reg. No.

## PATENT

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#### Application of

Application No. : 10/039,313  
Docket No. : 006593-1953  
Applicant : Shariff et al.  
Filed : October 27, 2001  
Title : FEED GRIP FOR A FOOD SLICER  
Art Unit : 3724  
Examiner : Ashley

Commissioner of Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

#### AMENDMENT

In response to the Office action mailed on February 28, 2005, please amend this application as follows:

Adjustment date: 09/29/2005 SDIRETA1  
05/27/2005 HMARZ11 00000003 10039313  
01 FC:1252 -450.00 DP

05/27/2005 HMARZ11 00000003 10039313  
01 FC:1252 450.00 DP

09/29/2005 SDIRETA1 00000005 10039313  
01 FC:1201 200.00 DP  
02 FC:1202 250.00

MAP 2 8 2005

PTO/SB/17 (12-04)  
Approved for use through 07/31/2008. GPO: 2005-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/06/2004.  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).

**FEE TRANSMITTAL**  
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 450.00)

Complete If Known	
Application Number	10/038,313
Filing Date	10/27/2001
First Named Inventor	Shariff et al.
Examiner Name	Ashley
Art Unit	3724
Attorney Docket No.	006593-1953

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
				Fee (\$)	Fee Paid (\$)		
26	-20 or HP = 5	x 50	= 250.00			50	25

HP = highest number of total claims paid for, if greater than 20

Index. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200	= 200.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/ 50 =	(round up to a whole number)	x	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Priority: 04/06/2004 Filing: 10039313

Other:

FC:1202

-1202

SUBMITTED BY:

-1202

Signature:

Name (Print/Type): Steven J. Ellman

Registration No. 41,733  
(Attorney/Agent)Telephone 937.443.6838  
Date 5/24/05

This collection of information is required by 37 CFR 1.136. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Adjustment Date: 09/29/2005 SP/RET/AL 200809 10039313  
06/17/2005 SP/RC/CE 00000004 250.00 CR  
01 FC:1202 02 FC:1201

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8/4/05

Date of Deposit

  
Attorney

41,733

Reg. No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT

Application of:

Applicant : Shariff et al.  
Serial No. : 10/039,313  
Filed : December 27, 2001  
Title : FEED GRIP FOR A FOOD SLICER  
Docket No. : 006593-1953  
Examiner : Ashley  
Art Unit : 3724

Mail Stop 16  
Receipts Division – Office of Finance  
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P.O. Box 1450  
Alexandria, Virginia 22313-1450

**REQUEST FOR REFUND  
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

**I. REFUND REQUEST**

This is a request for a refund, with respect to the charge to Deposit Account 20-0809, shown on the statement for the month of June 2005, for the above-identified application. A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

**II. FEES CHARGED FOR WHICH REFUND REQUESTED**

5/24/05	Additional Claims Over 20	\$250.00
5/24/05	Additional Independent Claims Over 3	<u>\$200.00</u>
<b>TOTAL REFUND REQUESTED</b>		<b>\$450.00</b>

Serial No.: 10/039,313  
Docket No.: 006593-1953  
Request for Refund  
(Improper Charge of Deposit Account)

### **III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR**

An Amendment filed in response to an Office action dated February 28, 2005 was timely filed May 24, 2005. A check in the amount of \$450.00 was enclosed with the response to cover the fees for additional claims and cleared our bank account on June 1, 2005. A copy of that check is enclosed. However, the deposit account was also, and apparently erroneously, charged \$450 to cover the fees incurred in the Amendment.

### **IV. MANNER OF REFUND**

Please make refund by crediting Deposit Account 20-0809.

Respectfully submitted:

By: 

Steven J. Elleman  
Reg. No. 41,733

THOMPSON HINE LLP  
2000 Courthouse Plaza N.E.  
P. O. Box 8801  
Dayton, Ohio 45401-8801  
Telephone: (937) 443-6838  
Facsimile: (937) 443-6637

396471



United States  
Patent and  
Trademark Office

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### Deposit Account Statement

Requested Statement Month:

June 2005

Deposit Account Number:

200809

Name:

THOMPSON HINE LLP

Attention:

MARK P. LEVY ESQ.

Address:

P O BOX 8801

City:

DAYTON

State:

OH

Zip:

45401

Country:

UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
06/01	3	10524597		9204	-\$50.00	\$4,516.00
06/06	1	10752374	602723-010	1201	\$400.00	\$4,116.00
06/06	1	10613662	483345538	1202	\$50.00	\$4,066.00
06/09	99	60660643		8021	\$40.00	\$4,026.00
06/13	158	29202271		8021	\$40.00	\$3,986.00
06/13	159	29202270		8021	\$40.00	\$3,946.00
06/13	162	29202272		8021	\$40.00	\$3,906.00
06/14	567	PCT/US50/07843	066621-004	8021	\$40.00	\$3,866.00
06/14	672	2668447	006593-2037/AMI	8021	\$40.00	\$3,826.00
06/14	673	1915446		8521	\$40.00	\$3,801.00
06/14	674	2117264		8522	\$25.00	\$3,776.00
06/14	675	1448877		8522	\$25.00	\$3,751.00
06/15	13	E-REPLENISHMENT		9203	-\$2,651.00	\$6,402.00
06/15	98	10903227	006593-1982	8007	\$60.00	\$6,342.00
06/15	154	10991629	028199-028-C2	8007	\$20.00	\$6,322.00
06/16	44	60628921	006593-2032-P	8021	\$40.00	\$6,282.00
06/17	4	10039313	006593-1953	1202	\$250.00	\$6,032.00
06/17	5	10039313	006593-1953	1201	\$200.00	\$5,832.00
06/17	175	10303440		8021	\$40.00	\$5,792.00
06/17	176	60361962		8021	\$40.00	\$5,752.00
06/17	177	10303430		8021	\$40.00	\$5,712.00
06/17	178	60362105		8021	\$40.00	\$5,672.00
06/17	179	10378288		8021	\$40.00	\$5,632.00
06/17	180	60361966		8021	\$40.00	\$5,592.00
06/17	181	10377127		8021	\$40.00	\$5,552.00
06/17	182	60507239		8021	\$40.00	\$5,512.00
06/17	183	10952643		8021	\$40.00	\$5,472.00
06/17	184	60424885		8021	\$40.00	\$5,432.00
06/17	185	10705334		8021	\$40.00	\$5,392.00
06/17	186	60554333		8021	\$40.00	\$5,352.00

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Papers: Response to OA (Amend., 10p),  
Transmittal Form, Fee Transmittal  
Form, Return Card, Check \$450.00  
Inventors: Shariff et al.  
Serial No.: 10/039,313  
Title: FEED GRIP FOR A FOOD SLICER  
Attorney Docket No.: 006593-1953

Hobart Corporation  
MPL:SJE:vrs

**THOMPSON  
HINE**

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING  
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13-1420/B18

10162

DAY TO THE ORDER OF U.S. Patent and Trademark Office

DATE 5/24/05

\$ 450.00

-----Four hundred fifty and 00/100-----

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DR 006593-1953

10162 10420000131:

00402596011

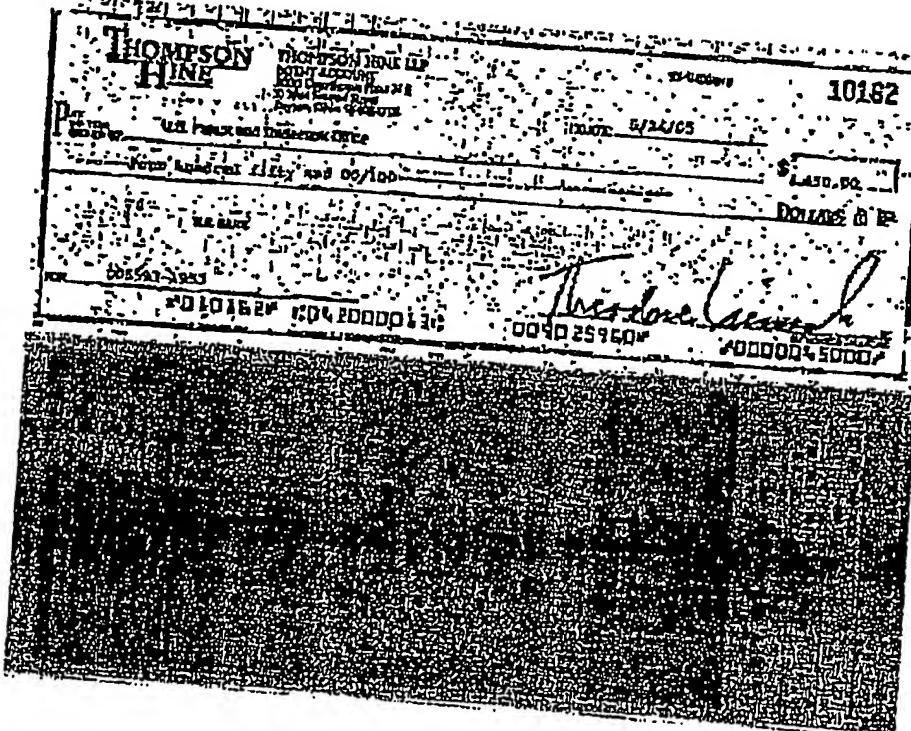
AUTHORIZED SIGNATURE

THIS DOCUMENT INCLUDES A SECURITY SCREEN ON BACK OF THE CHECK

*Theodore L. Hine*

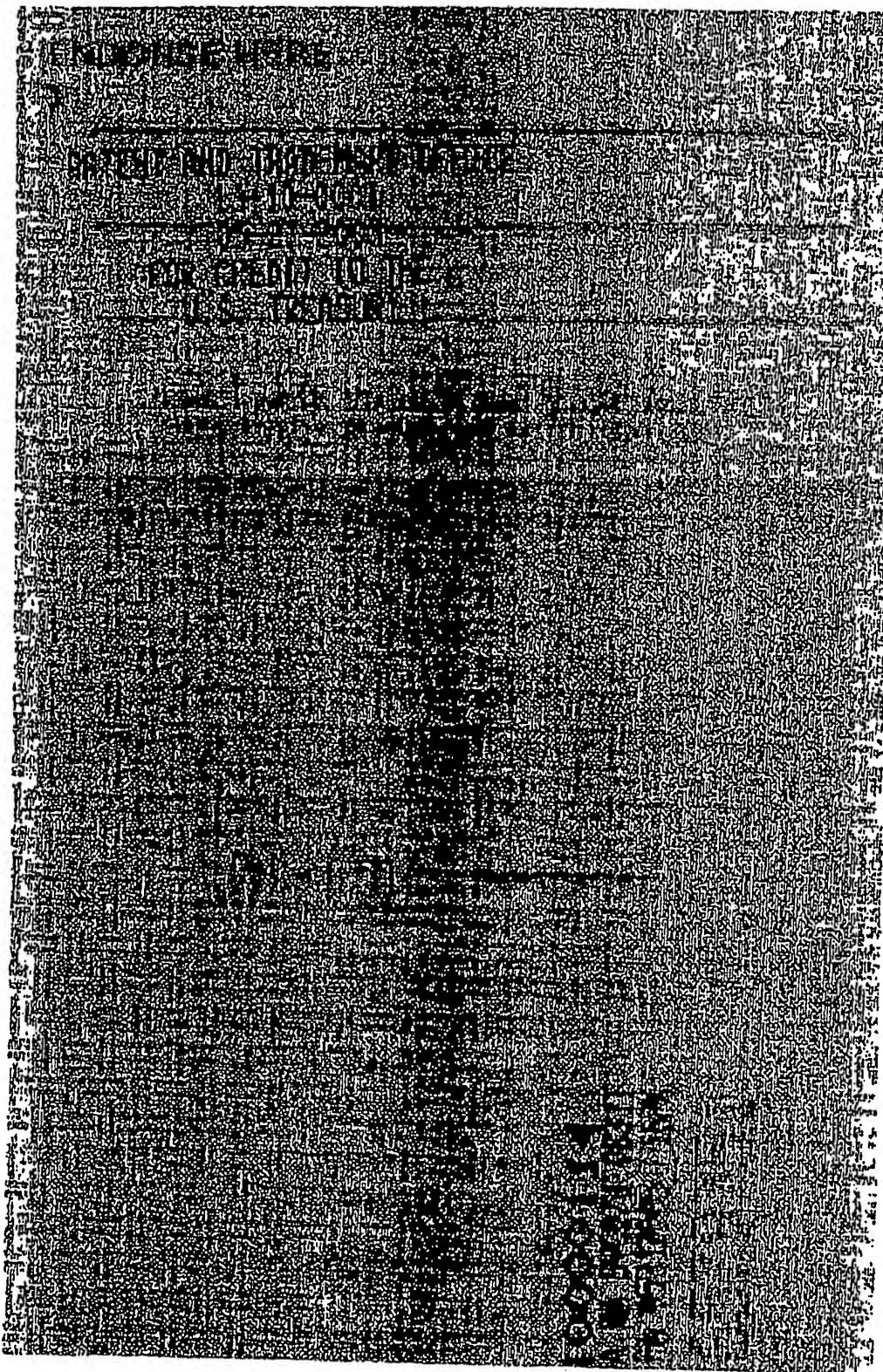
AUG. 3. 2005 3:47PM US BANK

NO. 8381 PaP. 2/21



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NO. 1332 Pag P. 2/4



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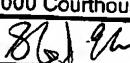
Total Number of Pages in This Submission

Application Number	10/039,313
Filing Date	December 27, 2001
First Named Inventor	Shariff et al.
Art Unit	3724
Examiner Name	Ashley
Total Number of Pages in This Submission	006593-1953

## ENCLOSURES (Check all that apply)

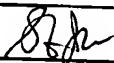
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of check filed with Response of
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	5/24/05; copy of cancelled check.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
<p>The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809</p>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758		
Signature			
Printed name	Steven J. Elleman		
Date	8/14/05	Reg. No.	41,733

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Signature	
Typed or printed name	Steven J. Elleman
Date	8/14/05

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